Message: Monthly Invoice Form 17.xlsx

Monthly Invoice Form 17.xlsx

From	Abigail Chisom	**Date**	Thursday, February 2, 2017 10:36 AM
To	Kraft, Emily		
Cc			
Journal Recipients	Emily.kraft@oa.mo.gov		

Monthly Invoice Form 17.xlsx (12 Kb HTML)

Good morning,
I am sending the February invoice to you. I hope you are still the right person for that. I am still unsure about some of the new things but I am compiling a list and re-reading to get a better understanding on the changes. Hope the change over is going smoothly for you.

Abigail Chisom

Assistant Director

Laclede County Pregnancy Support Center

417-532-8555

Invoice

	A	B	C	D	E	F	G	H	I	J	K	L	M
1					**Alternatives to Abortion Invoice**								
2													
3	**Contract #**	CS170042005					**Vendor Name:**	Laclede County Pregnancy Support Center					
4	**Vendor Number:**	43169397000/MB00097817					**Vendor Address:**	P.O. Box 373					
5								Lebanon, MO 65536					
6													
7	**Bill To:**	Office of Administration											
8		Commissioner's Office											
9		201 W. Capitol Ave, Room 125											
10		Jefferson City, MO 65101											
11													
12	**Invoice Number:**	LCPSC0085											
13	**Invoice Date:**				2017-02-01								
14	**Service Period:**	February 1-28, 2017											
15													
16													
17	**Total Contracted Allocation**				**Prior Invoiced Total**		**Monthly Award Amount**						
18													

19	$ 89,272.92	$ -	$ 17,854.58
20			
21	Quarterly expenditure adjustment:		$ -
22			
23	Total Due:		**$ 17,854.58**
24			
25	Allocation Remaining		$ 71,418.34
26			
27			
28			
29			
30	**Signature: _____**		
31			
32			
33			
34			
35			